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Atrial Fibrillation Division, Inc. 14901 DeVeau Place Minnetonka, MN 55345-2128 952-933-4700 Telephone 952-351-1777 Facsmile

lame:	Commissioner for Patents	From:	Reed R. Heimbecher				
Company:	United States Patent and	Pages:	4				
Fax:	Trademark Office (571) 273-8300		Date: 16 August 2006				
Phone:		Re:	Application no.: 10/668,876 Docket no.: 0B-045000US				
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inclosure	es:		·				
2. I	Certificate of facsimile transmission under 37 CFR 1.8 (1 page); Power of attorney to prosecute applications before the USPTO (1 page);						
	and Statement under 37 CFR 3.73(b).						
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Via facsimile no.: (571) 273-8300 Application no. 10/668,876

PTO/SB/97 (09-04)

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- 1. Power of Attorney to Prosecute Applications before the USPTO (1 page); and
- Statement under 37 C.F.R. 3.73(b) (1 page).

This collection of information is required by 37 CFR 1.8. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 1.8 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Via facsimile no.: (571) 273-8300 Application no.: 10/668,876

PTO/88/80 (01-06)

PDIICATION NO.: 10/668,876

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POWER OF ATTORNEY TO PROSECUTE APPLICATIONS BEFORE THE USPTO I hereby revoke all previous powers of attorney given in the application identified in the attached statement under 37 CFR 3.73(b) I hereby appoint: 55714 & 29693 Practitioners associated with the Customer Numbers: x Practitioner(s) named below (if more than ten patent practitioners are to be named, then a customer number must be used): Registration Registration Name Name Number Number as attorney(s) or agent(s) to represent the undersigned before the United States Patent and Trademark Office (USPTO) in connection with any and at patent applications assigned only to the undersigned according to the USPTO assignment records or assignment documents attached to this form in accordance with 37 CFR 3.73(b). Please change the correspondence address for the application identified in the attached statement under 37 CFR 3.73(b) to: 29693 x The address associated with Customer Number. ORIndividual Name Address State Zip City Country Email Telephone Assignee Name and Address: St. Jude Medical, Atrial Fibrillation Division, Inc. 14901 DeVeau Place Minnetonka, MN 55345-2126 A copy of this form, together with a statement under 37 CFR 3.73(b) (Form PTO/88/96 or equivalent) is required to be filed in each application in which this form is used. The statement under 37 CFR 3.73(b) may be completed by one of the practitioners appointed in this form if the appointed practitioner is authorized to act on behalf of the assignee, and must identify the application in which this Power of Attorney is to be filed. SIGNATURE of Assignee of Record The individual whose signature and title is supplied below is authorized to act on behalf of the assignee Signature ane Telephone Name Jané J. Song(

This collection of information is required by 37 CFR 1.31, 1.32 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including pathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, abouted be sent to the Chief Information Officer, U.S. Petant and Tradament Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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No. 0574 P. 4

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PTO/SB/96 (12-05)

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STATEMENT UNDER 37 CFR 3.73(b)							
Applicant/Patent Owner: Michael A. Johnson							
Application No./Patent No./Centrel No.:	10/668,876	Filed/ Iccue Date:	22 September 2003				
Medical device having arbitrarily-shaped electrodes							
St. Jude Medical, Atrial Fibrillation Division, Inc.							
(Name of Assignee) states that it is: 1 the assignee of the entire right, title	, and interest; or	·	ation, partnerahip, university, government agency, etc.)				
an assignee of less than the entire (The extent (by percentage) of its c	right, title and interest wnership interest is _	%)					
in the patent application/patent identified above by virtue of either:							
A. An assignment from the inventor(s) of the patent application/patent identified above. The assignment was recorded in the United States Patent and Trademark Office at Reel, Frame, or a true copy of the original assignment is attached.							
OR B. [X] A chain of title from the inventor(s), of the patent application/patent identified above, to the current assignee as follows:							
1. From: Michael Johns The document was recorded Reel 016347 , Frame	in the United States	Patent and Trademar	k Office at				
2. From: St. Jude Medical, Dai The document was recorded Reel 018004, Fra	I in the United States I	Patent and Trademar	al, Atrial Fibrillation Division, Inc. k Office at y thereof is attached.				
From: The document was recorded	To	: 	LOW-				
Reel, Fra	in the United States i	atent and Trademar , or for which a co	k Office at py thereof is attached.				
Additional documents in the chain of title are listed on a supplemental sheet.							
As required by 37 CFR 3.73(b)(1)(i), the assignee was, or concurrently is being [NOTE: A separate copy (i.e., a true of Division in accordance with 37 C 302.08]	, submitted for recor copy of the original ass	dation pursuant to : signment document(s	37 CFR 3.11.				
The undersigned (whose title is supplied to	pelow) is authorized to	act on behalf of the a	15 Aug 2006				
	ature Heimbecher		D H te (952) 933-4700				
	yped Name		Telephone Number				
	ral Property Attorney	,	i olopilulio Hulliuoi				
	tle						

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